



MENA & WA Cohort Self-Assessment Questionnaire Report : I

EXECUTIVE SUMMARY

1. The International Development Research Centre has commissioned Amaltas to support a cohort of 10 implementation research projects in the Middle East & North Africa and the West Africa regions. These projects focus on the broad area of Sexual and Reproductive Health Rights with concentration along two themes: adolescent sexual and reproductive health and health information systems challenges. Led by Amaltas, the Cohort Support Team has been put in place to develop and lead mechanisms to support efforts that contribute to ensuring quality and relevant research results from this cohort.
2. A key interest of the Centre is to support the research capacity of its grantees. In this connection, the Amaltas Cohort Support Team designed a short self-assessment questionnaire in consultation with IDRC program officers. The self-assessment questionnaire includes a four-point Likert tool that teams used to self-identify their skills and capacity needs, as well as provided textual information on the areas that they would like to focus capacity strengthening on and the modalities that they prefer. Responses received from all 10 teams of the cohort have been collated. The results will help IDRC gauge team and cohort-wide areas for capacity strengthening support and areas in which expertise exists within teams.
3. Analysis of responses to the first round of the self-assessment questionnaire has provided an in-depth understanding of the current capacity strengths and needs of the cohort. Overall, the top three areas of strength of the cohort are: *designing data collection tools*, *communication skills*; and *undertaking quantitative analysis*. Conversely, areas in which researchers had indicated a desire to strengthen their capacities included: *undertaking rights-based health equity analysis*; *undertaking rights-based gender analysis*; *creating infographics including data visualization* and *designing effective advocacy strategies*. Several members of the cohort bring strong technical background and experience to the table. The top three areas in which expertise is available are *designing data collection tools*; *research ethics*; and *writing a strong publishable manuscript*.
4. The patterns of the responses do not vary much when disaggregated across thematic or language; differences observed were only minor. However the pattern of capacity strengths and needs does vary across regions, with the West Africa region indicating a much greater need for capacity strengthening than the Middle East & North Africa region.
5. Given that equity, rights and gender are crosscutting themes that the entire cohort is to focus on, it may be pertinent to focus on these topics as the teams work through the initial phase of their research projects. Therefore the capacity strengthening effort could have *undertaking rights-based gender and equity analysis* as the first topic of discussion.

BRIEF BACKGROUND

IDRC is supporting 10 implementation research projects in the Middle East & North Africa (MENA) and West Africa (WA) regions. These projects focus on the broad area of Sexual and Reproductive Health Rights with concentration along two themes: adolescent sexual and reproductive health (ASRH) and health information systems (HIS) challenges. Although the projects have been designed as and are being implemented as separate research projects, they constitute a notional 'cohort' of projects. The cohort of projects has common elements apart from regions and/ or themes. Seven new projects are to come on stream and be added to the cohort in 2018-19. In order to draw lessons to enrich each specific project as also the entire cohort, a Cohort Support Team has been put in place.

Led by Amaltas, the Amaltas Cohort Support Team (ACST) as it is termed, is tasked with supporting the quality of research and assist with teasing out and supporting the translation of relevant research results from the cohort. At the inception workshop in Beirut in January 2018, an initial list of capacity needs of the cohort was identified through a workshop activity. These were: conducting literature review, creating infographics, undertaking qualitative analysis, presentation skills, writing strong publishable manuscripts, writing policy briefs and conducting workshops

To capture learning needs periodically, the IDRC has proposed to carry out regular gathering of information on the capacity strengths and needs of the teams in the cohort. The ACST has designed a short self-assessment questionnaire (SAQ) in consultation with IDRC. The SAQ uses a four-point Likert tool to assess the skills and capacity needs of the research teams on a regular basis and derive approaches to addressing the gaps. This is attached at Annexures II (English) and III (French).

The SAQ offered respondents the choice of the following levels of capacity: (i) Clear need for increased capacity (*no understanding or prior experience*); (ii) Basic level of capacity in place (*basic understanding but no prior experience*); (iii) Moderate level of capacity in place (*good understanding and some experience*); and (iv) High level of capacity in place (*excellent understanding and adequate experience*). In addition they were asked whether they were willing to support/ build capacity of other teams in the cohort; or if requiring support, to indicate the specific area in which they required capacity strengthening, their preferred capacity strengthening modality, and number of persons requiring capacity strengthening. Their responses were canvassed on 14 pre-listed areas of research capacity with the option of adding more areas. The SAQ was sent to each team via email in both English and French in September 2018 asking for responses from each team member.

This report provides the results of the first SAQ circulation (SAQ I), giving a current picture of the research capacity of its grantees and their self-identified capacity needs. The consolidated responses will help IDRC gauge the team and cohort-wide areas for capacity strengthening support and areas in which teams could offer expertise. Based on these results, IDRC program officers could consider their options to support these needs.

OBSERVATIONS

SAQ I has provided an in-depth understanding of the current capacity needs of the cohort that might impede the fullest achievement of the objectives of the research projects. In all, 41 responses were gathered; of these, 13 were received from Team Senegal alone. At this stage, it is important to caveat that findings are based on the individual responses received from the 10 project teams. The teams that sent responses were: Benin, Ghana, Jordan (EMPHNET), Jordan (JUST), Lebanon, Nigeria (Enugu), Palestine, Senegal, Togo and Three country team.

Overall, 572 responses were recorded on the 14 pre-listed research capacities. Most respondents indicated that they had a 'moderate level of capacity' (33.0%) or 'high level of capacity' (26.2%). The fewest responses were recorded for 'clear need for capacity' (16.3%). Respondents were offered the chance to add other research capacities that were not pre-listed. The additional capacities that came up were: access to qualitative data analysis software; access to larger size dropbox; understanding of meta-analysis; impact evaluation and economic analysis/economic evaluation methods.

| Identified Capacity Needs | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place. | High level capacity in place |
|---|-----------------------------------|-------------------------------|-----------------------------------|------------------------------|
| S.1: Conducting systematic literature review | 3 | 11 | 18 | 9 |
| S.2: Design data collection tools | 0 | 4 | 16 | 21 |
| S.3: Research ethics | 5 | 6 | 13 | 17 |
| S.4: Implementation research in practice | 8 | 8 | 20 | 4 |
| S.5: Undertake rights-based gender analysis. | 14 | 16 | 9 | 2 |
| S.6: Undertake rights-based health equity analysis. | 14 | 18 | 5 | 4 |
| S.7: Undertaking qualitative analysis | 2 | 10 | 19 | 10 |
| S.8: Undertaking quantitative analysis | 1 | 4 | 17 | 19 |
| S.9: Conducting project M&E/developing M&E tools | 5 | 9 | 18 | 9 |
| S.10: Communication Skills | 0 | 4 | 19 | 18 |
| S.11: Writing a strong publishable manuscript | 3 | 9 | 10 | 19 |
| S.12: Writing policy briefs | 11 | 12 | 11 | 7 |
| S.13: Creating Infographics | 14 | 14 | 7 | 5 |
| S.14: Designing effective advocacy strategies | 13 | 15 | 7 | 6 |

Table 1: Analysis of 14 research capacities across 4 Likert points

Self-identified strengths of the cohort: Both the desk review of project documents and our interactions with the team members at the IDRC Inception Workshop in Beirut suggest that team members have knowledge, capacities and skills that can be shared with others in the team/ cohort.

Overall, the top three areas of strength of the cohort are: *designing data collection tools and communication skills* (90.2% with high-moderate capacity); and *undertaking quantitative analysis*

(87.8% with high-moderate capacity); followed by *research ethics* (73.1% with high-moderate capacity) and *writing strong publishable manuscript* (70.7% with high-moderate capacity).

Capacity needs of the cohort: It is important that each project within the cohort meets the highest research standards, and that the results of the projects are translated both into action on the ground, as well as available to the wider development community. The top three areas in which researchers had indicated a desire to strengthen their capacities included: *undertaking rights-based health equity analysis* (78.0% with clear need-basic understanding); *undertaking rights-based gender analysis* (73.1% with clear need-basic understanding); *creating infographics including data visualization and designing effective advocacy strategies* (68.3% with clear need-basic understanding), followed by *writing policy briefs* (56.1% with clear need-basic understanding). With a focus on equity, rights and gender as three cross-cutting themes; it is crucial to provide the support needed to enable the teams to integrate these in their individual projects.

Possible cross learning opportunities: Members of the cohort bring strong technical background and experience to the table. All respondents with a high level capacity and some with moderate level capacity asserted their willingness to support/build the capacity of project teams in the cohort. The top three areas well represented in this regard include *designing data collection tools* (46.3%), *research ethics* (39.0%); and *writing a strong publishable manuscript* (36.6%), followed by *undertaking quantitative analysis* (13) followed by *undertaking rights based gender analysis* (34.1%) and *undertaking rights-based health equity analysis and undertaking quantitative analysis* (31.7%). An obvious source of learning is the senior members of each project team; those with a high level of capacity could support the capacity needs of those with lower capacity in the team.

What was the preferred modality for strengthening capacity? This question assumes significance when projects in the cohort are being implemented in different regions. SAQ I responses indicate that webinars, provision of relevant materials and exchange of material within the cohort were the most preferred and feasible means to support capacity needs. Workshops and trainings were other popular methods cited, however arranging these could be challenging due to logistical and financial constraints.

Find details of capacity needs and existing capacities of each project in Annexure I.

In order to gain useful insights about the cohort's rigor and reach, an in-depth analysis of the capacity needs was undertaken based on the thematic and region that the projects belong to and language they responded in.

THEMATIC: ASRH and HIS

Analysis was undertaken to compare responses across the broad thematics to the cohort: ASRH and HIS. The distribution of projects across ASRH and HIS is 6 and 4 respectively. Team responses received were 21 from ASRH projects (Benin, Lebanon, Nigeria, Palestine, Three Country Team and Togo) and 20 from HIS projects (Ghana, Jordan (EMPHNET), Jordan (JUST) and Senegal).

Out of 572 responses recorded across the 14 pre-listed research capacities, 292 (51.0%) were from the ASRH projects and 280 (49.0%) from the HIS projects. Highest responses for both ARSH and HIS projects were recorded under 'moderate level of capacity' (33.9% and 32.9% respectively). The second highest responses for ASRH projects were recorded under 'basic level of capacity' (28.1%) and for HIS

projects under 'high level of capacity' (28.9%). The fewest responses for both ASRH and HIS projects were recorded under 'clear need for capacity' (15.1% and 17.5% respectively), approximating the average across the projects.

| Identified Capacity Needs | ASRH | | | | HIS | | | |
|---|-----------------------------------|-------------------------------|----------------------------------|------------------------------|-----------------------------------|-------------------------------|----------------------------------|------------------------------|
| | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place | High level capacity in place | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place | High level capacity in place |
| S.1: Conducting systematic literature review | 1 | 9 | 8 | 3 | 2 | 2 | 10 | 6 |
| S.2: Design data collection tools | 0 | 1 | 7 | 13 | 0 | 3 | 9 | 8 |
| S.3: Research ethics | 2 | 2 | 8 | 9 | 3 | 4 | 5 | 8 |
| S.4: Implementation research in practice | 2 | 5 | 13 | 0 | 6 | 3 | 7 | 4 |
| S.5: Undertake rights-based gender analysis. | 8 | 7 | 5 | 1 | 8 | 7 | 4 | 1 |
| S.6: Undertake rights-based health equity analysis. | 8 | 10 | 1 | 2 | 6 | 8 | 4 | 2 |
| S.7: Undertaking qualitative analysis | 1 | 5 | 9 | 6 | 1 | 5 | 10 | 4 |
| S.8: Undertaking quantitative analysis | 0 | 2 | 10 | 9 | 0 | 2 | 7 | 11 |
| S.9: Conducting project M&E/developing M&E tools | 1 | 7 | 10 | 3 | 3 | 3 | 8 | 6 |
| S.10: Communication Skills | 0 | 1 | 11 | 9 | 0 | 3 | 8 | 9 |
| S.11: Writing a strong publishable manuscript | 3 | 4 | 3 | 11 | 3 | 3 | 6 | 8 |
| S.12: Writing policy briefs | 5 | 7 | 8 | 1 | 6 | 5 | 4 | 5 |
| S.13: Creating Infographics | 7 | 10 | 3 | 0 | 4 | 7 | 5 | 4 |
| S.14: Designing effective advocacy strategies | 6 | 12 | 3 | 0 | 7 | 3 | 5 | 5 |

Capacity strengths of the projects: Responses indicate that the top three areas of capacity strengths for both ASRH and HIS projects were fairly similar, albeit with minor variation. These were: *designing data collection tools and communication skills* (95.2% and 85% respectively with high-moderate capacity); and *undertaking quantitative analysis* (90.5% and 90.0% respectively with high-moderate capacity). The next two areas of capacity strengths include *research ethics* (81%) and *undertaking qualitative analysis* (71.4%) for ASRH projects and *conducting systematic literature review* (80% with high-moderate capacity); *writing strong publishable manuscript and undertaking qualitative analysis* (70% with high-moderate capacity) for HIS projects.

Capacity needs of the Cohort: Responses indicate that the areas in which researchers wanted to strengthen their capacities varied across thematics. The areas of capacity need for ASRH projects

were: *undertaking rights-based health equity analysis, designing effective advocacy* (85.7% with clear need-basic understanding); and *creating infographics* (81.0% with clear need-basic understanding), followed by *undertaking rights based gender analysis* (71.4% with clear need-basic understanding) and *writing policy briefs* (57.1% with clear need-basic understanding). The areas of capacity need for HIS projects were: *undertaking rights-based gender analysis* (75.0% with clear need-basic understanding); *undertaking rights-based health equity analysis* (70.0% with clear need-basic understanding); *creating infographics and writing policy briefs* (55.0% with clear need-basic understanding), followed by *designing effective advocacy* (50.0% with clear need-basic understanding).

Possible cross learning opportunities: It was observed that the areas where the respondents were willing to support/build the capacity of other project teams in the cohort varied across thematics. HIS projects asserted willingness to strengthen capacities for *conducting systematic literature review, designing data collection tools and conducting research ethics* (60.0%). ASRH projects asserted willingness in strengthening capacities for *designing data collection tools* (52.4%) and *conducting research ethics* (38.1%). As stated earlier, senior members of each project team could support the capacity needs of those with lower capacity in the team.

REGION: MENA AND WEST AFRICA

Analysis looking across the responses from the two main regions of the cohort: MENA and West Africa. The distribution of projects across MENA and West Africa is 4 and 6 respectively. Team responses received were 13 from the MENA projects (Jordan (EMPHNET) and Jordan (JUST), Lebanon, and Palestine) and 28 from West Africa projects (Benin, Ghana, Nigeria, Senegal, Three Country Team, Togo).

Out of 572 responses recorded across 14 pre-listed research capacities, 182 (32.0%) were from MENA and remaining 390 (68.0%) from West Africa. Highest responses for both MENA and West Africa projects were recorded under 'moderate level of capacity' (34.6% and 35.8% respectively). Second highest responses for MENA projects were recorded under 'high level of capacity' (30.8%) and for West Africa projects under 'basic level of capacity' (26.7%). The fewest responses for both MENA and West Africa projects were recorded under 'clear need for capacity' (9.9% and 20.3% respectively).

| Identified Capacity Needs | MENA | | | | West Africa | | | |
|--|-----------------------------------|-------------------------------|-----------------------------------|------------------------------|-----------------------------------|-------------------------------|-----------------------------------|------------------------------|
| | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place. | High level capacity in place | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place. | High level capacity in place |
| S.1: Conducting systematic literature review | 0 | 4 | 6 | 3 | 3 | 7 | 12 | 6 |
| S.2: Design data collection tools | 0 | 1 | 3 | 9 | 0 | 3 | 13 | 12 |
| S.3: Research ethics | 1 | 1 | 4 | 7 | 5 | 5 | 9 | 9 |
| S.4: Implementation research in practice | 0 | 5 | 7 | 1 | 8 | 3 | 13 | 3 |
| S.5: Undertake rights-based gender analysis. | 2 | 5 | 4 | 2 | 13 | 9 | 6 | 0 |

| | | | | | | | | |
|---|---|---|---|---|----|----|----|----|
| S.6: Undertake rights-based health equity analysis. | 4 | 4 | 2 | 3 | 10 | 14 | 3 | 1 |
| S.7: Undertaking qualitative analysis | 0 | 3 | 6 | 4 | 2 | 7 | 13 | 6 |
| S.8: Undertaking quantitative analysis | 0 | 1 | 7 | 5 | 0 | 3 | 10 | 15 |
| S.9: Conducting project M&E/developing M&E tools | 1 | 4 | 6 | 2 | 3 | 6 | 12 | 7 |
| S.10: Communication Skills | 0 | 1 | 5 | 7 | 0 | 3 | 14 | 11 |
| S.11: Writing a strong publishable manuscript | 0 | 2 | 2 | 9 | 5 | 6 | 7 | 10 |
| S.12: Writing policy briefs | 2 | 4 | 5 | 2 | 8 | 9 | 7 | 4 |
| S.13: Creating Infographics | 5 | 4 | 4 | 0 | 6 | 13 | 4 | 4 |
| S.14: Designing effective advocacy strategies | 4 | 6 | 2 | 1 | 10 | 8 | 6 | 4 |

Capacity strengths of the projects: Responses indicate that top three areas of strength for both MENA and West Africa projects were: *designing data collection tools*, *undertaking quantitative analysis* and *communication skills* (92.3% and 89.3% respectively with high-moderate capacity). While the top three areas of strength for MENA and West Africa projects are the same, the next two areas vary across the two regions. The next two areas of strength for MENA projects are *research ethics* and *writing a strong publishable manuscript* (84.6% with high-moderate capacity) Similarly the next popular areas of strength for West Africa projects are *undertaking qualitative analysis* and *conducting project monitoring and evaluation* (67.9% with high-moderate capacity).

Capacity needs of the Cohort: Responses indicate that the top three areas in which researchers indicated a desire to strengthen their capacities varied across the two regions. The areas of capacity need for MENA projects are: *designing effective advocacy strategies* (76.9% with clear need-basic understanding); *creating infographics* (69.2% with clear need-basic understanding); and *undertaking rights-based health equity analysis* (61.5% with clear need-basic understanding), followed by *undertaking rights-based gender analysis* (53.8% with clear need-basic understanding) and *writing policy briefs* (46.2% with clear need-basic understanding). Similarly the areas of capacity need identified by West Africa projects are: *undertaking rights-based health equity analysis* (85.7% with clear need-basic understanding); *undertaking rights based gender analysis* (78.6% with clear need-basic understanding); and *creating infographics* (67.9% with clear need-basic understanding), followed by *designing effective advocacy* (64.3% with clear need-basic understanding) and *writing policy briefs* (60.7% with clear need-basic understanding).

Possible cross learning opportunities: It was observed that the areas where the respondents were willing to support/build the capacity of other project teams in the cohort was same, albeit with some variation. MENA projects asserted willingness to strengthen capacities for: *designing data collection tools* (77.0%); *research ethics* (62.0%); *writing a strong publishable manuscript*, *writing policy briefs* and *undertaking rights based gender analysis* (38.5%). West Africa projects asserted willingness in

strengthening capacities for *designing data collection tools* (50%); *undertaking quantitative analysis* (46.4%); and *conducting research ethics* (42.9%).

DOMINANT LANGUAGE: ENGLISH AND FRENCH

The responses were received in two dominant languages of the region: English and French. The distribution of projects across anglophone and francophone projects are 7 and 3 respectively. Team responses received were 20 in English (Ghana, Nigeria, Jordan (EMPHNET) and Jordan (JUST), Lebanon, and Palestine) and 21 in French (Benin, Senegal, Three country team and Togo).

Of the 572 responses received, 280 (49%) were received from anglophone projects and 292 (51%) from francophone projects. Highest responses for both anglophone and francophone projects were recorded under 'moderate level of capacity' (37.5% and 32.4% respectively). Second highest responses for anglophone teams were recorded under 'high level of capacity' (28.6%) and for francophone teams under 'basic level of capacity' (27.5%). The fewest responses for both were recorded under 'clear need for capacity' (9.6% and 24.8% respectively).

| Identified Capacity Needs | English | | | | French | | | |
|---|-----------------------------------|-------------------------------|-----------------------------------|------------------------------|-----------------------------------|-------------------------------|-----------------------------------|------------------------------|
| | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place. | High level capacity in place | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place. | High level capacity in place |
| S.1: Conducting systematic literature review | 0 | 6 | 9 | 5 | 3 | 5 | 9 | 4 |
| S.2: Design data collection tools | 0 | 1 | 7 | 12 | 0 | 2 | 9 | 10 |
| S.3: Research ethics | 0 | 2 | 7 | 11 | 5 | 3 | 6 | 7 |
| S.4: Implementation research in practice | 0 | 5 | 13 | 2 | 9 | 3 | 6 | 2 |
| S.5: Undertake rights-based gender analysis. | 6 | 7 | 5 | 2 | 10 | 7 | 4 | 0 |
| S.6: Undertake rights-based health equity analysis. | 6 | 7 | 4 | 3 | 8 | 11 | 1 | 1 |
| S.7: Undertaking qualitative analysis | 2 | 4 | 9 | 5 | 0 | 6 | 10 | 5 |
| S.8: Undertaking quantitative analysis | 0 | 2 | 9 | 9 | 0 | 2 | 8 | 11 |
| S.9: Conducting project M&E/developing M&E tools | 1 | 5 | 11 | 3 | 3 | 4 | 7 | 7 |
| S.10: Communication Skills | 0 | 1 | 10 | 9 | 0 | 3 | 9 | 9 |
| S.11: Writing a strong publishable manuscript | 0 | 4 | 3 | 13 | 5 | 3 | 6 | 7 |
| S.12: Writing policy briefs | 2 | 8 | 7 | 3 | 8 | 5 | 5 | 3 |
| S.13: Creating Infographics | 6 | 8 | 5 | 1 | 4 | 10 | 3 | 3 |
| S.14: Designing effective advocacy strategies | 4 | 8 | 6 | 2 | 10 | 6 | 2 | 3 |

Capacity strengths of the projects: Responses indicate that areas of strength vary across anglophone and francophone teams. The top three areas of strength for anglophone teams are *designing data collection tools* and *communication skills* (95.0% with high-moderate capacity); and *research ethics and undertaking qualitative analysis* (90.0% with high-moderate capacity) followed by *writing a strong publishable manuscript* (80.0% with high-moderate capacity). The top three areas of strength for francophone teams include: *undertaking quantitative analysis* (90.5% with high-moderate capacity); *communication skills* and *designing data collection tools* (85.7% with high-moderate capacity), followed by *undertaking qualitative analysis* (71.4% with high-moderate capacity); *conducting systematic literature review and conducting project monitoring and evaluation/developing M&E tools* (61.9% with high-moderate capacity).

Capacity needs of the Cohort: Responses indicate that the top three areas in which researchers indicated a desire to strengthen their capacities varied across the two languages. The areas of capacity need for the anglophone teams are: *creating infographics* (70% with clear need-basic understanding); *understanding rights based gender analysis* and *understanding rights based health equity analysis* (65% with clear need-basic understanding), followed by *designing effective advocacy* (60% with clear need-basic understanding) and *writing policy briefs* (50% with clear need-basic understanding). The areas of capacity need for francophone teams are: *undertaking rights-based health equity analysis* (90.5% with clear need-basic understanding); *undertaking rights based gender analysis* (81.0% with clear need-basic understanding); and *designing effective advocacy strategies* (76.2% with clear need-basic understanding), followed by *creating infographics* (66.7% with clear need-basic understanding) and *writing policy briefs* (61.9% with clear need-basic understanding).

Possible cross learning opportunities: It was observed that the areas where the respondents were willing to support/build the capacity of other project teams in the cohort was similar for the two languages, albeit with some variation. The anglophone teams asserted willingness to strengthen capacities for *research ethics* (50.0%), *designing data collection tools* (45.0%) and *implementation research in practice* (35.0%). The francophone teams asserted willingness to strengthen capacities for: *designing data collection tools* (57.1%); *research ethics* and *undertaking rights based gender analysis* (47.6%).

CONCLUSION

The results of the first SAQ provide a useful understanding of the capacity strengths and needs of the cohort. The ACST has mapped learning that may be worth incorporating into subsequent rounds:

- Modify the SAQ to obtain details of respondent's name and role in the project. This is would help to review capacity strengths and needs based on team member profile.
- Seek responses in a spreadsheet format to expedite analysis as it will ensure that time is not lost in aggregation of observations.
- Persevere in following up with teams for the responses, as these are sometimes not prioritised.
- Consider adding a question on capacity of economic analysis.

IDRC has brought together projects and institutions that are spread across region and thematic, but united in the pursuit of research excellence. Each of these institutions is well respected and well intentioned in their own right, representing the best technical capacity available in their country. Team strengths include *designing data collection tools, undertaking quantitative analysis and communication skills*. Areas in which capacity needs have been identified by the teams include *undertaking rights-based gender analysis, undertaking rights-based health equity analysis and creating infographics*. The strengths and needs of the cohort vary across thematic, region and language. The teams include both senior and junior researchers; hence the SAQ as expected brought to the fore, both the need for certain capacities, as well as the expertise to support those needs.

Recommendation: Based on the analysis of responses, *undertaking rights-based gender analysis, undertaking rights-based health equity analysis and creating infographics* have been identified as top three areas requiring capacity strengthening. However, since equity, rights and gender are crosscutting themes, it may be pertinent to discuss these with teams at this point, as they work through the initial phases of their research projects. Therefore *undertaking rights-based gender and equity analysis* would be the most useful focus for the first capacity strengthening effort. Identified modalities for capacity strengthening include: *webinars, provision of relevant materials and exchange of material*. Either one or a combination of these modalities may be useful when reflecting on how the capacity strengthening may be delivered.

ANNEXURES

Annexure 1 : Team Profiles

Annexure 2 : Self-Assessment Questionnaire (English)

Annexure 3 : Self-Assessment Questionnaire (French)

Annexure 1: Team Profiles

| | |
|---|---|
| Country | Benin |
| Project ID | 108765 |
| Thematic Area | ASRH |
| Title of the Project | Prévention des grossesses précoces au Bénin : développement d'une intervention basée sur l'estime de soi pour renforcer l'autonomisation chez les adolescents vulnérables. |
| Objective | L'objectif général de cette recherche action est de contribuer à la prévention des grossesses précoces au Benin à travers une intervention innovante combinant l'offre des services de santé sexuelle et reproductive, le renforcement de l'estime de soi, et l'autonomisation des adolescents. |
| Respondent # | 3 |
| Existing Capacities | Designing data collection tools |
| Willing to strengthen capacities of other teams | No |
| Capacity needs for which capacity is available within the team | Conducting systematic literature review |
| | Research ethics |
| | Implementation research in practice |
| | Undertaking qualitative analysis |
| | Undertaking quantitative analysis |
| | Conducting project M&E/developing M&E tools |
| Capacity needs for which capacity is not available within the team | Writing policy briefs |
| | Undertaking rights-based gender analysis |
| | Undertaking rights-based health equity analysis |
| | Writing a strong publishable manuscript |
| | Creating infographics |
| Capacity strengthening modality preferred | Designing effective advocacy strategies |
| | Training by expert |
| | Provision of relevant material |
| People requesting capacity strengthening | Exchange of material with other teams |
| | 3 |

| Identified Capacity Needs | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place | High level capacity in place |
|---|-----------------------------------|-------------------------------|----------------------------------|------------------------------|
| S.1: Conducting systematic literature review | 1 | 1 | | 1 |
| S.2: Design data collection tools | | | 1 | 2 |
| S.3: Research ethics | 2 | | 1 | |
| S.4: Implementation research in practice | 2 | | 1 | |
| S.5: Undertake rights-based gender analysis. | 3 | | | |
| S.6: Undertake rights-based health equity analysis. | 3 | | | |
| S.7: Undertaking qualitative analysis | | 2 | 1 | |
| S.8: Undertaking quantitative analysis | | 1 | 1 | 1 |
| S.9: Conducting project M&E/developing M&E tools | | 1 | 2 | |
| S.10: Communication Skills | | | 2 | 1 |
| S.11: Writing a strong publishable manuscript | 2 | 1 | | |
| S.12: Writing policy briefs | | 2 | 1 | |
| S.13: Creating Infographics | 3 | | | |
| S.14: Designing effective advocacy strategies | 1 | 2 | | |

| | |
|---|--|
| Country | Ghana |
| Project ID | 108678 |
| Thematic Area | HIS |
| Title of the Project | Reducing Child Mortality: The Role of Mobile Electronic Health Information System |
| Objective | To improve survival of children under five years of age by strengthening and using a mobile phone-based health information system for collecting data directly from both caregivers of children and health facilities, while strengthening the capacity of caregivers to identify and seek services for life-threatening diseases. |
| Respondents # | 5 |
| Existing Capacities | Designing data collection tools Research Ethics Undertaking quantitative analysis Writing a strong publishable manuscript |
| Willing to strengthen capacities of other teams | Designing data collection tools Research Ethics Undertaking quantitative analysis |
| Capacity needs for which capacity is available within the team | Undertake rights-based gender analysis. Undertake rights-based health equity analysis. Undertaking qualitative analysis Undertaking quantitative analysis Writing a strong publishable manuscript Writing policy briefs Creating Infographics |
| Capacity needs for which capacity is not available within the team | None |
| Capacity strengthening modality preferred | Webinar Receiving material |
| People requesting capacity strengthening | 3 |

| Identified Capacity Needs | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place | High level capacity in place |
|---|-----------------------------------|-------------------------------|----------------------------------|------------------------------|
| S.1: Conducting systematic literature review | | | 3 | 2 |
| S.2: Design data collection tools | | | 2 | 3 |
| S.3: Research ethics | | | 2 | 3 |
| S.4: Implementation research in practice | | | 4 | 1 |
| S.5: Undertake rights-based gender analysis. | 2 | 2 | 1 | |
| S.6: Undertake rights-based health equity analysis. | 1 | 2 | 2 | |
| S.7: Undertaking qualitative analysis | 1 | 1 | 3 | |
| S.8: Undertaking quantitative analysis | | 1 | 1 | 3 |
| S.9: Conducting project M&E/developing M&E tools | | | 4 | 1 |
| S.10: Communication Skills | | | 3 | 2 |
| S.11: Writing a strong publishable manuscript | | 1 | 1 | 3 |
| S.12: Writing policy briefs | | 2 | 1 | 1 |
| S.13: Creating Infographics | 1 | 1 | 1 | 1 |
| S.14: Designing effective advocacy strategies | | | 3 | 1 |

| | |
|---|--|
| Country | Jordan (EMPHNET) |
| Project ID | 108674 |
| Thematic Area | HIS |
| Title of the Project | Establishing a harmonized Reproductive Health Registry in Jordan to improve Maternal and Child Health |
| Objective | Establish an electronic harmonized Reproductive Health Registry (hRHR) system in Mafrq governorate through a participatory process of social innovation from the community and for the community to improve the quality and usefulness of sexual and reproductive health data by community members and health providers. |
| Respondents # | 1 |
| Existing Capacities | Conducting systematic literature review |
| | Design data collection tools |
| | Research ethics |
| | Implementation in research practice |
| | Undertaking rights-based gender analysis |
| | Undertaking rights-based health-equity analysis |
| | Undertaking quantitative analysis |
| | Conducting project monitoring and evaluation |
| | Communication skills |
| | Writing a strong publishable manuscript |
| | Designing effecting advocacy strategies and tactics to reach intended audiences |
| | |
| Willing to strengthen capacities of other teams | Conducting systematic literature review |
| | Design data collection tools |
| | Research ethics |
| | Implementation in research practice |
| | Undertaking rights-based gender analysis |
| | Undertaking rights-based health-equity analysis |
| | Undertaking quantitative analysis |
| | Conducting project monitoring and evaluation |
| | Communication skills |
| | Writing a strong publishable manuscript |
| | Designing effecting advocacy strategies and tactics to reach intended audiences |
| | |
| Capacity needs for which capacity is available within the team | None |
| Capacity needs for which capacity is not available within the team | None |
| Capacity strengthening modality preferred | Provision of relevant material and exchange of material with other teams |
| People requesting capacity strengthening | 1 |

| Identified Capacity Needs | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place | High level capacity in place |
|---|-----------------------------------|-------------------------------|----------------------------------|------------------------------|
| S.1: Conducting systematic literature review | | | | 1 |
| S.2: Design data collection tools | | | | 1 |
| S.3: Research ethics | | | | 1 |
| S.4: Implementation research in practice | | | | 1 |
| S.5: Undertake rights-based gender analysis. | | | | 1 |
| S.6: Undertake rights-based health equity analysis. | | | | 1 |
| S.7: Undertaking qualitative analysis | | | 1 | |

| | | | | |
|--|--|--|---|---|
| S.8: Undertaking quantitative analysis | | | | 1 |
| S.9: Conducting project M&E/developing M&E tools | | | | 1 |
| S.11: Communication Skills | | | | 1 |
| S.12: Writing a strong publishable manuscript | | | | 1 |
| S.13: Writing policy briefs | | | 1 | |
| S.14: Creating Infographics | | | 1 | |
| S.15: Designing effective advocacy strategies | | | | 1 |

| | |
|---|--|
| Country | Jordan (JUST) |
| Project ID | 108689 |
| Thematic Area | HIS |
| Title of the Project | Implementing a Perinatal and Neonatal Mortality Surveillance and Auditing System in Jordan |
| Objective | Develop and assess the implementation of a perinatal and neonatal mortality surveillance (PNN) and death auditing system in four main maternity hospitals in Jordan. |
| Respondents # | 1 |
| Existing Capacities | Conducting systematic literature review |
| | Designing data collection tools |
| | Research ethics |
| | Undertaking quantitative analysis |
| | Communication skills |
| | Writing strong publishable manuscript |
| Willing to strengthen capacities of other teams | Writing policy briefs |
| | Conducting systematic literature review |
| | Designing data collection tools |
| | Research ethics |
| | Undertaking quantitative analysis |
| | Communication skills |
| Capacity needs for which capacity is available within the team | Writing strong publishable manuscript |
| | Writing policy briefs |
| Capacity needs for which capacity is not available within the team | None |
| Capacity strengthening modality preferred | Creating infographics |
| | Designing effective advocacy strategies and tactics to reach intended audiences |
| Capacity strengthening modality preferred | Workshop |
| People requesting capacity strengthening | 10 |

| Identified Capacity Needs | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place | High level capacity in place |
|---|-----------------------------------|-------------------------------|----------------------------------|------------------------------|
| S.1: Conducting systematic literature review | | | | 1 |
| S.2: Design data collection tools | | | | 1 |
| S.3: Research ethics | | | | 1 |
| S.4: Implementation research in practice | | | 1 | |
| S.5: Undertake rights-based gender analysis. | | | 1 | |
| S.6: Undertake rights-based health equity analysis. | | | 1 | |
| S.7: Undertaking qualitative analysis | | | 1 | |
| S.8: Undertaking quantitative analysis | | | | 1 |
| S.9: Conducting project M&E/developing M&E tools | | | 1 | |
| S.10: Communication Skills | | | | 1 |
| S.11: Writing a strong publishable manuscript | | | | 1 |
| S.12: Writing policy briefs | | | | 1 |
| S.13: Creating Infographics | 1 | | | |
| S.14: Designing effective advocacy strategies | | 1 | | |

| | |
|---|--|
| Country | Lebanon |
| Project ID | 108673 |
| Thematic Area | ASRH |
| Title of the Project | Reducing Early Marriage of Adolescent Syrian Refugees in Lebanon: Improving Access to Sexual and Reproductive Health Information and Services |
| Objective | To mitigate the drivers of early marriage among adolescent Syrian refugees in Lebanon by enhancing access to sexual and reproductive health (SRH) information and services through a multi-component community-based intervention. |
| Respondents # | 7 |
| Existing Capacities | Writing a strong publishable manuscript Designing data collection tools Communication skills |
| Willing to strengthen capacities of other teams | Writing a strong publishable manuscript; Fahme, Bteddini, Abdulrahim Designing data collection tools; Fahme, Abdulrahim, Bteddini, Sieverding Communication skills; Fahme, Bteddini |
| Capacity needs for which capacity is available within the team | Conducting systematic literature review Research ethics Implementation research in practice Undertake rights-based gender analysis. Undertake rights-based health equity analysis. Undertaking qualitative analysis Undertaking quantitative analysis Conducting project M&E/developing M&E tools Communication Skills Writing a strong publishable manuscript Writing policy briefs Creating Infographics Designing effective advocacy strategies |
| Capacity needs for which capacity is not available within the team | None |
| Capacity strengthening modality preferred | Webinar Training/tutorial |
| People requesting capacity strengthening | 4 |

| Identified Capacity Needs | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place | High level capacity in place |
|---|-----------------------------------|-------------------------------|----------------------------------|------------------------------|
| S.1: Conducting systematic literature review | | 3 | 3 | 1 |
| S.2: Design data collection tools | | | 3 | 4 |
| S.3: Research ethics | | 1 | 4 | 2 |
| S.4: Implementation research in practice | | 4 | 3 | |
| S.5: Undertake rights-based gender analysis. | 2 | 2 | 2 | |
| S.6: Undertake rights-based health equity analysis. | 3 | 1 | 1 | 2 |
| S.7: Undertaking qualitative analysis | | 1 | 3 | 3 |
| S.8: Undertaking quantitative analysis | | 1 | 4 | 2 |
| S.9: Conducting project M&E/developing M&E tools | 1 | | 5 | 1 |
| S.10: Communication Skills | | 1 | 3 | 4 |
| S.11: Writing a strong publishable manuscript | | 1 | 1 | 5 |
| S.12: Writing policy briefs | 2 | 3 | 2 | |
| S.13: Creating Infographics | 4 | 1 | 2 | |
| S.14: Designing effective advocacy strategies | 3 | 2 | 2 | |

| | |
|---|---|
| Country | Nigeria (Enugu) |
| Project ID | 108677 |
| Thematic Area | ASRH |
| Title of the Project | Addressing unmet need for contraceptives among adolescents using community-embedded intervention |
| Objective | Adapt, design, implement and evaluate an inclusive community-embedded intervention program to address the unmet contraceptive need of adolescents in rural and urban areas in Ebonyi state, Nigeria |
| Respondents # | 2 |
| Existing Capacities | Undertaking quantitative analysis Writing a strong, publishable manuscript |
| Willing to strengthen capacities of other teams | Undertaking quantitative analysis Writing a strong publishable manuscript |
| Capacity needs for which capacity is available within the team | Research Ethics Undertaking qualitative analysis Conducting project M&E/developing M&E tools Writing a strong publishable manuscript Writing policy briefs Designing effective advocacy strategies |
| Capacity needs for which capacity is not available within the team | Conducting systematic literature review Undertaking rights-based gender analysis Undertaking rights-based health-equity analysis Creating Infographics |
| Capacity strengthening modality preferred | Provision of relevant material and exchange of material with other teams |
| People requesting capacity strengthening | 2 |

| Identified Capacity Needs | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place | High level capacity in place |
|---|--|--------------------------------------|---|-------------------------------------|
| S.1: Conducting systematic literature review | | 2 | | |
| S.2: Design data collection tools | | | 2 | |
| S.3: Research ethics | | 1 | 1 | |
| S.4: Implementation research in practice | | | 2 | |
| S.5: Undertake rights-based gender analysis. | 2 | | | |
| S.6: Undertake rights-based health equity analysis. | 1 | 1 | | |
| S.7: Undertaking qualitative analysis | 1 | | | 1 |
| S.8: Undertaking quantitative analysis | | | 1 | 1 |
| S.9: Conducting project M&E/developing M&E tools | | 1 | 1 | |
| S.10: Communication Skills | | | 2 | |
| S.11: Writing a strong publishable manuscript | | 1 | | 1 |
| S.12: Writing policy briefs | | 1 | 1 | |
| S.13: Creating Infographics | | 2 | | |
| S.14: Designing effective advocacy strategies | | 1 | 1 | |
| S.15: <i>Meta Analysis</i> | | | | |

| | |
|---|--|
| Country | Palestine |
| Project ID | 108672 |
| Thematic Area | ASRH |
| Title of the Project | Reproductive Health Needs of Palestinian Refugee Camp Girl Adolescents: From Evidence to Policy |
| Objective | Understanding and meeting the sexual and reproductive health needs for adolescent girls (age 15-18 years) living in Palestinian refugee camps in the West Bank of Palestine and Jordan. |
| Respondents # | 4 |
| Existing Capacities | Research Ethics Designing data collection tools |
| Willing to strengthen capacities of other teams | Research Ethics; Rita Giacaman, Rula Ghandour, Weeam, Dima Masoud Designing data collection tools; Rita Giacaman, Rula Ghandour, Weeam, Dima Masoud |
| Capacity needs for which capacity is available within the team | Conducting systematic literature review Design data collection tools Implementation research in practice Undertake rights-based gender analysis. Undertaking qualitative analysis Writing a strong publishable manuscript Writing policy briefs Creating Infographics |
| Capacity needs for which capacity is not available within the team | Undertake rights-based health equity analysis. Conducting project M&E/developing M&E tools Designing effective advocacy strategies and tactics to reach intended audiences |
| Capacity strengthening modality preferred | Webinar and web resources Workshop |
| People requesting capacity strengthening | 4 |

| Identified Capacity Needs | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place | High level capacity in place |
|---|-----------------------------------|-------------------------------|----------------------------------|------------------------------|
| S.1: Conducting systematic literature review | | 1 | 3 | |
| S.2: Design data collection tools | | 1 | | 3 |
| S.3: Research ethics | | | | 4 |
| S.4: Implementation research in practice | | 1 | 3 | |
| S.5: Undertake rights-based gender analysis. | | 3 | 1 | |
| S.6: Undertake rights-based health equity analysis. | 1 | 3 | | |
| S.7: Undertaking qualitative analysis | | 2 | 1 | 1 |
| S.8: Undertaking quantitative analysis | | | 3 | 1 |
| S.9: Conducting project M&E/developing M&E tools | | 4 | | |
| S.10: Communication Skills | | | 3 | 1 |
| S.11: Writing a strong publishable manuscript | | 1 | 1 | 2 |
| S.12: Writing policy briefs | | 1 | 2 | 1 |
| S.13: Creating Infographics | | 3 | 1 | |
| S.14: Designing effective advocacy strategies | 1 | 3 | | |
| S.15: <i>Access to qualitative data analysis software</i> | | | | |
| S.16: <i>Access to larger size drop-box</i> | | | | |

| | |
|---|--|
| Country | Senegal |
| Project ID | 108679 |
| Thematic Area | HIS |
| Title of the Project | Integrated multi-sectoral approach to sustainable mother and baby health information system in Senegal |
| Objective | Sustainably improve the quality of maternal, child and adolescent health data by developing, through multi-sectoral collaboration, an integrated, inclusive and dynamic health information system. |
| Respondents # | 13 |
| Existing Capacities | Undertaking quantitative analysis Communication skills |
| Willing to strengthen capacities of other teams | Yes |
| Capacity needs for which capacity is available within the team | Conducting systematic literature review Design data collection tools Research ethics Implementation research in practice Undertake rights-based gender analysis. Undertake rights-based health equity analysis. Undertaking qualitative analysis Undertaking quantitative analysis Conducting project M&E/developing M&E tools Communication Skills Writing a strong publishable manuscript Writing policy briefs Creating Infographics Designing effective advocacy strategies |
| Capacity needs for which capacity is not available within the team | None |
| Capacity strengthening modality preferred | Workshop Webinar Provision of relevant material and exchange of material with other teams Training |
| People requesting capacity strengthening | 10 |

| Identified Capacity Needs | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place | High level capacity in place |
|---|-----------------------------------|-------------------------------|----------------------------------|------------------------------|
| S.1: Conducting systematic literature review | 2 | 2 | 7 | 2 |
| S.2: Design data collection tools | | 3 | 7 | 3 |
| S.3: Research ethics | 3 | 4 | 3 | 3 |
| S.4: Implementation research in practice | 6 | 3 | 2 | 2 |
| S.5: Undertake rights-based gender analysis. | 6 | 5 | 2 | |
| S.6: Undertake rights-based health equity analysis. | 5 | 6 | 1 | 1 |
| S.7: Undertaking qualitative analysis | | 4 | 5 | 4 |
| S.8: Undertaking quantitative analysis | | 1 | 6 | 6 |
| S.9: Conducting project M&E/developing M&E tools | 3 | 3 | 3 | 4 |
| S.10: Communication Skills | | 3 | 5 | 5 |
| S.11: Writing a strong publishable manuscript | 3 | 2 | 5 | 3 |
| S.12: Writing policy briefs | 6 | 2 | 2 | 3 |
| S.13: Creating Infographics | 2 | 5 | 3 | 3 |
| S.14: Designing effective advocacy strategies | 7 | 1 | 2 | 3 |

| | |
|---|---|
| Country | Three Country Team (Burkina Faso, Nigeria, Kenya) |
| Project ID | ASRH |
| Thematic Area | 108676 |
| Title of the Project | The Gendered Socialization of Very Young Adolescents in Schools and Sexual and Reproductive Health |
| Objective | To identify and catalyse the replication of effective approaches to positive gender norms change and adolescent sexual and reproductive health through a robust body of evidence on workable, evidence-based, low-cost solutions. |
| Respondents # | 4 |
| Existing Capacities | Design data collection tools Undertaking quantitative analysis Writing a strong publishable manuscript |
| Willing to strengthen capacities of other teams | Designing data collection tools; Undertaking qualitative analysis; Undertaking qualitative analysis; communication skills; Writing strong publishable manuscript: Adesegun Fatusi |
| Capacity needs for which capacity is available within the team | Conducting systematic literature review Undertake rights based gender analysis Conducting project M&E/developing M&E tools Writing Policy Briefs |
| Capacity needs for which capacity is not available within the team | Undertake rights-based health equity analysis. Creating infographics Designing effective advocacy strategies |
| Capacity strengthening modality preferred | Webinar, Seminar, Skill based workshop |
| People requesting capacity strengthening | 8 |

| Identified Capacity Needs | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place | High level capacity in place |
|---|-----------------------------------|-------------------------------|----------------------------------|------------------------------|
| S.1: Conducting systematic literature review | | 2 | 1 | 1 |
| S.2: Design data collection tools | | | 1 | 3 |
| S.3: Research ethics | | | 2 | 2 |
| S.4: Implementation research in practice | | | 3 | |
| S.5: Undertake rights-based gender analysis. | 1 | 1 | 2 | |
| S.6: Undertake rights-based health equity analysis. | | 4 | | |
| S.7: Undertaking qualitative analysis | | | 3 | 1 |
| S.8: Undertaking quantitative analysis | | | 1 | 3 |
| S.9: Conducting project M&E/developing M&E tools | | 1 | 2 | 1 |
| S.10: Communication Skills | | | 2 | 2 |
| S.11: Writing a strong publishable manuscript | | | 1 | 3 |
| S.12: Writing policy briefs | 2 | | 2 | |
| S.13: Creating Infographics | 1 | 2 | | |
| S.14: Designing effective advocacy strategies | 1 | 3 | | |

| | |
|---|---|
| Country | Togo |
| Project ID | 108675 |
| Thematic Area | ASRH |
| Title of the Project | Multi-sectoral approaches to early pregnancy prevention in colleges in Togo |
| Objective | To contribute to reducing the prevalence of teen pregnancies in Togo through knowledge generation and use by multi-sectoral stakeholders working in the area of sexual and reproductive health. |
| Respondents # | 1 |
| Existing Capacities | Design data collection tools Research ethics Undertaking quantitative analysis Conducting project M&E/developing M&E tools |
| Willing to strengthen capacities of other teams | Design data collection tools; Research ethics; Undertaking quantitative analysis; Conducting project M&E/developing M&E tools: Noussoukpoe Komlan Sélom |
| Capacity needs for which capacity is available within the team | None |
| Capacity needs for which capacity is not available within the team | Undertake rights-based gender analysis. Undertake rights-based health equity analysis. Writing a strong publishable manuscript Writing policy briefs Creating Infographics Designing effective advocacy strategies |
| Capacity strengthening modality preferred | Seminar, Exchange with other teams |
| People requesting capacity strengthening | 8 |

| Identified Capacity Needs | Clear need for increased capacity | Basic level capacity in place | Moderate level capacity in place | High level capacity in place |
|---|-----------------------------------|-------------------------------|----------------------------------|------------------------------|
| S.1: Conducting systematic literature review | | | 1 | |
| S.2: Design data collection tools | | | | 1 |
| S.3: Research ethics | | | | 1 |
| S.4: Implementation research in practice | | | 1 | |
| S.5: Undertake rights-based gender analysis. | | 1 | | |
| S.6: Undertake rights-based health equity analysis. | | 1 | | |
| S.7: Undertaking qualitative analysis | | | 1 | |
| S.8: Undertaking quantitative analysis | | | | 1 |
| S.9: Conducting project M&E/developing M&E tools | | | | 1 |
| S.10: Communication Skills | | | | 1 |
| S.11: Writing a strong publishable manuscript | | 1 | | |
| S.12: Writing policy briefs | | 1 | | |
| S.13: Creating Infographics | | 1 | | |
| S.14: Designing effective advocacy strategies | | 1 | | |

Annexure 2: Self-Assessment Questionnaire (English)

S. Capacity Needs for Teams in the IDRC Cohort¹

For each capacity need below, please check the box (only one in each row) that best represents your level of capacity at this stage, and indicate details for further capacity strengthening activities. Please add other capacities that have not already been identified.

| # | Identified Capacity Needs | Clear need for increased capacity (No understanding or prior experience) | Basic level of capacity in place (Basic understanding but no prior experience) | Moderate level of capacity in place (Good understanding and some experience) | High level of capacity in place (Excellent understanding and adequate experience) | Willing to strengthen capacities of other teams in the cohort (Please write Yes/No) | Details of capacity needs? (In not more than 100 words) | How do you want the capacity addressed? E.g. Exchange with other teams, Receiving relevant materials, Webinar, etc. | Number of people on team requiring this capacity strengthening |
|-----|---|---|---|---|--|--|--|--|--|
| S.1 | Conducting systematic literature review | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.2 | Design data collection tools (e.g. surveys, focus group discussions) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.3 | Research ethics (protocol design or in practice) – especially in fragile or conflict settings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

¹ It is expected that team members will share their skills and experiences among one another. Please identify capacity gaps that apply to the team as a whole.

| | | | | | | | | | |
|------|--|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|--|
| S.4 | Implementation research in practice https://drive.google.com/open?id=1kl2P-e7t6D2A9fdnBi3ognOti0BMoikv | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.5 | Undertake rights-based gender analysis. https://drive.google.com/open?id=1kl2P-e7t6D2A9fdnBi3ognOti0BMoikv | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.6 | Undertake rights-based health equity analysis. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.7 | Undertaking qualitative analysis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.8 | Undertaking quantitative analysis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.9 | Conducting project Monitoring and Evaluation/developing M&E tools | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.10 | Communication Skills (e.g. designing and delivering presentations, talking to or writing for media) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

| | | | | | | | | | |
|------|--|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|--|
| S.11 | Writing a strong publishable manuscript | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.12 | Writing policy briefs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.13 | Creating Infographics (including data visualization) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.14 | Designing effective advocacy strategies and tactics to reach intended audiences (policy makers, health service providers, communities, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.15 | Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.16 | Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

Please feel free to add additional rows

Annexure 3: Self-Assessment Questionnaire (French)

T. Besoins de capacité pour les équipes composant la cohorte du CRDI²

Pour chaque besoin de capacité ci-dessous, veuillez cocher la case (une seule case par ligne) qui représente le mieux votre niveau de capacité à ce stade et indiquer les détails pour les activités de renforcement de capacité. Veuillez ajouter les autres capacités qui n'auraient pas encore été identifiées.

| # | Besoins de capacité identifiés | Besoin clair d'une augmentation de la capacité <i>(Aucune compréhension ou aucune expérience préalable)</i> | Niveau de capacité élémentaire en place <i>(Compréhension élémentaire mais aucune expérience préalable)</i> | Niveau de capacité modéré en place <i>(Bonne compréhension et un peu d'expérience)</i> | Niveau de capacité élevé en place <i>(Excellente compréhension et expérience adéquate)</i> | Voulant renforcer les capacités des autres équipes de la cohorte <i>(Veuillez écrire Oui/Non)</i> | Détails des besoins de capacité ? <i>(En 100 mots maximum)</i> | Comment souhaitez-vous que le renforcement de la capacité soit gérée ? <i>Par ex. Échange avec les autres équipes, Recevoir les matériaux appropriés, Webinaire etc.</i> | Nombre de personnes dans l'équipe qui ont besoin de ce renforcement de capacité. |
|-----|---|--|--|---|---|--|---|---|--|
| S.1 | Mener une revue systématique de la documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.2 | Concevoir des outils de collecte des données (par ex. sondages, discussions de groupe) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.3 | Éthique de la recherche (conception des protocoles ou en pratique) – en particulier dans les contextes fragiles ou de conflit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

² On attend de la part des autres membres de l'équipe qu'ils partagent leurs compétences et leur expérience les uns avec les autres. Veuillez identifier les déficits de capacité qui s'appliquent à l'équipe dans son ensemble.

| | | | | | | | | | |
|------|--|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|--|
| S.4 | La recherche sur la mise en œuvre en pratique (https://drive.google.com/drive/folders/16dlsWir1-9Bv2gWLBCM8E0dp-6lqZ92M?usp=sharing) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.5 | Entreprendre une analyse des genres axée sur les droits. (https://drive.google.com/open?id=16dlsWir1-9Bv2gWLBCM8E0dp-6lqZ92M) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.6 | Entreprendre une analyse d'équité en matière de santé axée sur les droits. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.7 | Entreprendre une analyse qualitative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.8 | Entreprendre une analyse quantitative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.9 | Mener le suivi (S&E) et l'évaluation du projet/développer des outils de S&E | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.10 | Compétences de communication (par ex. Concevoir et présenter des exposés, parler ou écrire aux médias) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

| | | | | | | | | | |
|------|---|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|--|
| S.11 | Écrire un manuscrit solide et publiable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.12 | Écrire des énoncés/notes de politique | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.13 | Créer des infographies (y compris la visualisation des données) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.14 | Concevoir des stratégies et des tactiques de défense efficaces pour atteindre les publics ciblés (décideurs politiques, fournisseurs de service de santé, communautés etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.15 | Autre | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| S.16 | Autre | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

N'hésitez pas à ajouter des lignes supplémentaires